



Allied Health • Durable Medical Equipment and Medical Supplies

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Negative Pressure Wound Therapy Electrical Pump Rate Change

Effective for dates of service on or after April 1, 2006, reimbursement for the rental of Negative Pressure Wound Therapy (NPWT) electrical pumps (HCPCS code E2402) is changed from a monthly to a daily rate. The new daily rate is \$45.77. NPWT items require prior authorization. *This information is reflected on manual replacement page [dura cd 24](#) (Part 2).*

End Stage Renal Disease Pilot Project

Under a four-year pilot project, recipients with End Stage Renal Disease (ESRD) may enroll in “VillageHealth operated by SCAN Health Plan” (VillageHealth), a Medicare Health Maintenance Organization (HMO). Effective for dates of service on or after January 1, 2006, VillageHealth serves recipients in select ZIP codes in San Bernardino and Riverside counties. Ordinarily, recipients with ESRD would be excluded from enrollment in a Medicare HMO.

VillageHealth is partnering with DaVita and other providers in this endeavor, as follows:

- VillageHealth (an ESRD Specialty Health Plan/California Medical Services Demonstration Project) is the primary payer.
- DaVita renders the dialysis services.
- Other providers may render additional medical services.

Provider Manual

Policy about this pilot project has been added to the *MCP: Special Projects* section of the Part 1 Medi-Cal provider manual.

Billing

Providers bill for services to VillageHealth members as follows:

- Plan-covered services to VillageHealth
- Copayments, coinsurance or deductibles for plan-covered services to Medi-Cal (similar to crossover claims)
- Services denied or not covered by VillageHealth, to Medi-Cal as standard fee-for-service claims

Copayments, Coinsurance and Deductibles

Claims for copayments, coinsurance or deductibles must be submitted as paper claims. Instructions for submitting paper claims closely parallel instructions for billing Medicare/Medi-Cal hard copy crossover claims, except for the few additional requirements noted below. Therefore, billers should refer to the “Hardcopy Submission Requirements of Medicare-Approved Services” in the Part 2 manual.

*Please see **Pilot Project**, page 2*

Pilot Project *(continued)*

In their interpretation of the manual, billers should consider “VillageHealth” the same as “Medicare.” For example, in the *Medicare/Medi-Cal Crossover Claims: HCFA 1500* section, under the “Part B Services Billed to Part B Carriers” heading, the reference to “Medicare approved service” would also be interpreted as “VillageHealth approved service.”

In addition, claims for copayments, insurance or deductibles treated like crossovers must be billed to Medi-Cal with the same national procedure codes and modifiers billed to VillageHealth and include the following:

- A copy of the *Remittance Advice* (RA) received from VillageHealth. The RA must state “SCAN ESRD PILOT” in the *Remarks* section at the bottom left and include the address and telephone number for VillageHealth in the upper right corner.
- VillageHealth AEVS (Automated Eligibility Verification System) carrier code “S323” in the *Insurance Plan Name or Program Name* field (Box 11c) on the *HCFA 1500*.

Electronic billing may eventually be an option.

This information is reflected on manual replacement pages mcp spec 7 and 8 (Part 1) and medicare 3 (Part 1).

Incontinence Medical Supplies Additions

Effective for dates of service on or after January 1, 2006, the following Midwest Medical Supply, LLC-manufactured adult briefs have been added to the Medi-Cal list of contracted incontinence medical supplies. The same quantity restrictions apply as for all adult briefs incontinence supplies. The manufacturer code for Midwest Medical Supply, LLC is “2K”.

<u>Description/Size</u>	<u>Manufacturer Stock Number</u>	<u>Medi-Cal Billing Code</u>
Youth		
Adult Briefs Extra Full Mat	60001MMS	9997Q 2K
Adult Briefs Super Full Mat	60031MMS	9997Q 2K
Small		
Adult Briefs Extra Full Mat	60002MMS	9997T 2K
Adult Briefs Super Full Mat	60032MMS	9997T 2K
Institutional	1066MMS	9997T 2K
Medium		
Adult Brief Heavy Trim Mat	60043MMS	9997W 2K
Adult Briefs Extra Full Mat	60003MMS	9997W 2K
Adult Briefs Super Full Mat	60033MMS	9997W 2K
Adult Briefs Supreme Trim Mat	9501MMS	9997W 2K
Institutional	1076MMS	9997W 2K
Large		
Adult Brief Heavy Trim Mat	60044MMS	9997Y 2K
Adult Briefs Extra Full Mat	60004MMS	9997Y 2K
Adult Briefs Super Full Mat	60034MMS	9997Y 2K
Adult Briefs Supreme Trim Mat	9502MMS	9997Y 2K
Institutional	1086MMS	9997Y 2K
X-Large		
Adult Brief Heavy Trim Mat	60045MMS	9907M 2K
Adult Briefs Extra Full Mat	60010MMS	9907M 2K
Adult Briefs Super Full Mat	60035MMS	9907M 2K
Institutional	1096MMS	9907M 2K

The updated information is reflected on manual replacement pages incont lst 2 thru 4, 6, 10 and 13 (Part 2).

Instructions for Manual Replacement Pages

Part 2

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Remove and replace: dura cd 9/10 *, 23/24

Remove: incont lst 1 thru 30

Insert: incont lst 1 thru 27

Remove and replace: mc sup lst1 15/16 *, 19/20 *

Remove: ortho cd1 1 thru 26

Insert: ortho cd1 1 thru 31 *

* Pages updated due to ongoing provider manual revisions.